DAPUR BUDE: A Model of Social Resilience for the Poor/Affected by the COVID-19 Pandemic in the Special Region of Yogyakarta

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Abstract: The COVID 19 pandemic has a significant impact on the lives of the poor, who are getting tougher. This paper aims to describe the social resilience of the poor and vulnerable through the "DAPUR BUDE" program during the COVID 19 in Yogyakarta. This study involving 160 respondents and ten informants determined by purposive sampling. Data were collected using questionnaires and interviews. The results showed that most respondents were female, of productive age, married, and had secondary education. Before the COVID 19, the majority of respondents (86%) worked in the informal sector. However, during the COVID 19, 56.67% of respondents lost their jobs (became unemployed), and the poverty rate increased by 35%. Program initiated by LPPM Bina Insan Mandiri to improve the social solidarity to support food security affected by COVID 19 and people as the elderly, disabled, orphans and others. The program has served 1023 beneficiaries with 16,063 food packages. It is program has proven to be a solution for the poor and vulnerable to survive the social shocks caused by the pandemic. It recommends creating in handling the impact of pandemic synergy programs and services between the government, NGOs, civil society, and the business world to optimally access the affected by COVID 19 services need.

1 INTRODUCTION

On March 2, 2020, for the first time, Indonesia confirmed the entry of the coronavirus, namely with the discovery of two positive patients who were in treatment at the Sulianti Saroso Infection Center Hospital, Depok. The first identified new coronavirus named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) in Wuhan City, Hubei Province, China, in December 2019 (Odriozola-González *et al.*, 2020; Tan *et al.*, 2020). Diseases from viruses that attack the human respiratory system are called Coronavirus Dieses 2019 or COVID-19 (Wu *et al.*, 2020; Yuliana, 2020), can move quickly from human to human through direct contact (Li *et al.*, 2020; Rothe *et al.*, 2020). Pane (2020) stated that COVID-19 could attack anyone, from children, adults to the elderly.

COVID-19 is an infectious disease caused by a new type of coronavirus with common symptoms such as fever, fatigue, cough, convulsions, and diarrhoea (Repici *et al.*, 2020; World Health Organization, 2020a). The initial symptoms of COVID-19 are mild to severe flu and are equivalent to or even more potent than MERS-CoV and SARS-CoV (Kirigia and Muthuri, 2020). COVID-19 is spreading rapidly within China and to other countries (Wenjun *et al.*, 2020) and has made it one of the most infectious diseases in modern history (Wilder-Smith and Freedman, 2020). Worldmeter (2021), noted that until September 26, 2020, COVID-19 hadspread in 215 countries globally with a total of 32,832,766 cases infected, 997,743 people died, and 24,213,521 people recovered. Sahin (2020) added that since the first diagnosis on December 12, 2019, the COVID-19 virus has infected more than 51 million people and resulted in more than 2 million deaths.

On March 11, 2020, the World Health Organization (2020b) declared that the *outbreak* caused by the coronavirus wasa global pandemic that spread throughout the world (Baig, 2020) andcaused a global health crisis (Loey *et al.*, 2021). Both developed and developing countries have the same opportunity to be affected by COVID-19, therefore World Health Organization urges all countries to prepare anticipatory steps against the threat of

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COVID-19seriously. Furthermore, the World Health Organization added that the meaning of a pandemic has nothing to do with the severity of the disease, the number of victims or infections, but is more meaningful in the spread of the virus that spreads rapidly and hits all countries in the world (Sitorus and Hidayat, 2020). Thus, a pandemic is a health term that refers to the spread of a disease that affects large numbers of people (Bao *et al.*, 2020; Jubba, 2021).

In the absence of helpful treatment strategies or vaccines, the only effective public health intervention for managing infectious diseases is controlling person-to-personinfection through social distancing, isolation, quarantine, and community containment procedures (Cetron and Simone, 2004; Masters *et al.*, 2020; Wilder-Smith and Freedman, 2020). Although these measures were effective in significantly reducing the transmission rate of COVID-19, they resulted in large-scale unemployment and a significant downturn in the Dutch economy (van Zyl, Rothmann and Zondervan-Zwijnenburg, 2021). Yusuf et al. (2020), stated that COVID-19 had social, economic, and political impacts. Meanwhile, Cooper et al. (2020), showed that the COVID-19 pandemic affected human physical and mental well-being. Some of these views have something in common in seeing the Covid-19 pandemics; namely, they both emphasize the relationship between COVID-19 and a universal threat to humanity (Anand *et al.*, 2020).

Regarding COVID-19 cases in Indonesia, as of May 31, 2020, based on data from the Task Force for the Acceleration of Handling COVID-19, there were 26,473 people, with an overall recovery rate of 7,308 COVID-19patients, or 27.6% of the total cases and figures. The recorded death toll of positive corona patients was 1,613 people. This figure is equivalent to 6.1% of the confirmed cases for the COVID-19 case in the same period, D.I. Yogyakarta recorded, 236 positive patients, with 161 instances recovered and 8 cases died. As of December 31, 2020, the registered number of COVID-19 cases in Indonesia was 743,198 people, with 611,097 recovered cases and 22,138 deaths (Sagita, 2020). For the COVID-19 case in the same period, D.I. Yogyakarta recorded 11,898 people, with 8,056 recovered cases and 260 deaths (Dinnata, 2020a).

The massive spread of the pandemic, the government implemented various policies such as social distancing, stay at home, social restrictions, limited area locks and so on. This policy increased poverty and unemployment. The data from the Central Statistics Agency for the Special Region of Yogyakarta (DIY) (The Central Statistic Agency D.I. Yogyakarta, 2020), the poverty rate in DIY in March 2020 rose to 12.28% compared to September 2019 at 11.44%. In March 2020, the number of poor people in DIY was 475,720 people. This number increased by 34,800 compared to September 2020 of 440,890 people. The poverty line in DIY also increased to IDR 563,479, from the condition in March of IDR 449,485, to capita for a month. Meanwhile, the open unemployment rate in DIY increased by 3.338% as of February 2020. This figure increased by 0.52% compared to February 2019 of 2.86% (Dinnata, 2020b).

To protect the public from basic food needs from the government to Beneficiary Families, the government launched social assistance programs. Social assistance, according to the Regulation of the Minister of Social Affairs of the Republic of Indonesia No. 20 of 2019, is assistance in the form of money, goods orservices to a person, family, group or community who are poor, unable and or vulnerable to social risks. Shahidi et al. (2019), explained that social assistance is a government program that provides support at the minimum income level for individuals and families living in poverty. Syawie et al. (2018), added that social assistance is an act of government and non-government to channel resources to vulnerable groups to reduce vulnerability and risk to work and helps those who live in poverty. Norton et al. (2020) social assistance maintains income and access for the poor both in cash or goods against.

In Indonesia, social assistance programs include the Family Hope Program, Basic Food, Cash Social Assistance, and other social assistance that reaches the lower classes of society in meeting basic food needs. The targets of the social assistance program are individuals and families with poor socioeconomic conditions in the implementation area listed in Social Welfare Integrated Data (DTKS) issued by the Budget User Authority (KPA) at the Ministry of Social Affairs. Its objectives include: (1) fulfilling basic food needs, (2) maintaining purchasing power, and (3) provide assistance for the poor and vulnerable.

The average amounts are 9 million-15 million KPM. BPS Yogyakarta Province (2020) noted that out of 3,888,288 people in D.I. Yogyakarta, as many as 475,720 people or 12.28%, still live below the poverty line who live across four districts (Bantul, Sleman, Kulon Progo, Gunungkidul) and one city (Yogyakarta). The recipients of basic food social assistance in D.I. Yogyakarta is 370,343 KPM. They received IDR 200,000/month. Meanwhile, the number of recipientsof Social Cash Subsidies (BST) is 136,520 KPM. BST distributed IDR 600,000 per

KPM per month (April to June) and IDR 300,000 per month for June to December (Prabawanti, 2020).

According to Renaldo (2020) the classic problem in social assistance schemes is the inaccuracy of data on recipients and the clarity of information, and complaint channel. Meanwhile, public policy observer Yogi Suprayogi said that the problem of social aid lies in the uneven and uneven distribution of aid (Taher, 2020). It is inline with the study results Hermawati (2020a), at the beginning of COVID-19 (April-May 2020) from a sample of 150 low-income families studied in D.I. Yogyakarta Only 48% are able to access the program. Some respondents did not receive the subsidies because their name were not in the list, did not get the information, and did not know how to access it.

As a response, Hermawati, joined by the Community Development and Empowerment Institute (LPPM BIMa), initiated the "DAPUR BUDE" program (an acronym for Dapur Bima Untuk sedekah-or Kitchen for Give Away). DAPUR BUDE is a model ofcommunity empowerment based on the local potential (Hermawati, 2020b). It is based on the results of research at D.I. Yogyakarta that COVID-19 increased unemployment by 50.22%, decrease income by 82.3% and a decrease in turnover by around 40-80%. In addition, 52% of respondents did not received social subsidy programs from the government.

We conducted this research to describe the social resilience model of the poor/affected by COVID-19 through the BUDE DAPUR Program. In addition, it also wants to examine the existence of the value of social solidarity in dealing with the impact of the COVID-19 pandemic in the Special Region of Yogyakarta. According to Keck & Sakdapolrak (2013), it needs three types of capacities to understand the concept of social resilience fully. The three capacities are coping with disturbances (coping capacities), adaptive capacities and capacities to change or transform (transformative capacities). These three capacities can be used as indicators to assess and analyze the level of resilience of an entity.

The word "social" builds the definition of social resilience, which according to Rothstein (2005), shows the relationship between individuals or groups of humans with other human individuals or groups. Max Weber has emphasised the aspect of the interaction between individuals in his definition of the concept of social action. According to Weber, an action is "social" if the action is carried out by "taking into account" the behaviour of others or is oriented to "allegations about the behaviour of others in the future" or "expected future behaviour of others"(Weber, 2001). Cacioppo et al. (2011) have put forward the definition of social resilience that includes social relations, which states that "Social resilience is the capacity to foster, engage this and sustain positive relationships, and endure and recover life stressors social isolation".

Based on the sociological perspective, social resilience is the ability of a social system to maintain social integrity. Or integration during and or after being disturbed both from within and outside (Rilus A. Kinseng, 2019). Because social integration is essentially a matter of social relations, what Keck & Sakdapolrak (2013) say is that social resilience is relational because of power relations with various social entities and relations with the natural environment. Referring to Durkheim's theory, the basis of social integration of a social system is solidarity, which refers to a state of the relationship between individuals and groups based on shared feelings and beliefs that are shared emotional experiences. If people trust each other, they will form friendships, respect each other, take responsibility and pay attention to common interests (Ritzer, 2012). Durkheim further divides solidarity into two, namely mechanical and organic solidarity. Mechanical solidarity is a sense of solidarity based on the collective consciousness. Organic solidarity is solidarity that develops in complex groups. Therefore, solidarity can change from automatic to organic.

The formed DAPUR BUDE program was to increase the value of social solidarity among low-income families in particular and society in general who experienced severe shocks due to the COVID-19 pandemic. As social beings, humans establish relationships with other humans in various interests. Relationships are born from reciprocal interactions and mutual influence between interacting parties. Sa'diyah (2016) states that social group interactions require a process of solidarity to achieve common goals and maintain group existence. Therefore, collective awareness as group members is needed to foster feelings or sentiments of togetherness in creating group solidarity. The COVID-19 pandemic has changed people's social relations and forced them to keep their distance from other people and not do activities outside the home. It has a significant impact on the income of low-income families, most of whom work in the informal sector. With the rules for social distancing and restrictions on going out of the house, they do not get income to meet the needs of daily life. Moreover, many of these low-income families have experienced layoffs. It assumes that social solidarity could overcome the difficulties of the poor in meeting

their food needs. The values of solidarity, concern, cooperation, a sense of belonging and sharing, which are manifestations of the importance of social solidarity, are expected to help the poor in dealing with the impact of the COVID-19 pandemic.

2 RESEARCH METHODS

This study uses a mixed methods. The type of hybrid method used is convergent parallel, i.e. it collected quantitative and qualitative data simultaneously, then theresults are interpreted as a whole so that more comprehensive, valid, reliable, and objective data is obtained (Sugiyono, 2014; Creswell and Creswell, 2018). This research took place in D.I. Yogyakarta is in Sleman Regency, Bantul Regency, Kulon Progo Regency, Gunungkidul Regency and Yogyakarta City. We carried out to collect the data from June 2020 to December 2020.

The subjects in this study were low-income families affected by COVID-19 in D.I. Yogyakarta, which is directlyor indirectly involved in the DAPUR BUDE program. The research sample used a purposive sampling technique, namely a sampling technique by setting specific considerations or criteria (Sugiyono, 2014). The considerations or criteria used include 1) imperfect/affected families of COVID-19; 2) involved in the DAPUR BUDE program (implementers and beneficiaries), and 3) domiciled in D.I. Yogyakarta. For analysis, each DAPUR took ten respondents as a sample, which taken randomly. Thus, this research activity involved 160 respondents. In addition, to strengthen the results of the analysis conducted in-depth interviews with ten research informants.

We carried out data collection techniques in two ways, namely questionnaires and interviews. Quantitative data were processed using descriptive statistics. Meanwhile, we gave meaning (interpretative) to descriptive qualitative data. The process of data analysis was carried out at the timeof data collection and after data collection. The analytical model used refers to the model of Miles and Huberman (Miles and Hubermen, 1994).

3 RESULTS AND DISCUSSION

3.1 Profile of Respondents

This study involved 160 respondents in the Special Region of Yogyakarta with the following characteristics: the majority of respondents (68%) were female, productive age (30-59 years) 78.37%, married status (79.38%), secondary education (SMA & SMP) as many as 63.13%, have 1-2 children (61,25%) and bear 3-4 lives (52.50%). The data showsthat women from low-income families are the group most affected by the COVID-19 pandemic. This data also illustratesthe magnitude of the burden on women during the COVID-19 pandemic.

Based on occupation, before the COVID-19 pandemic hit, the majority of respondents (86%) worked in the informal sector. However, during the COVID-19 pandemic, most respondents (56.67%) lost their jobs and were unemployed. The data of this unemployment rate is from the accumulation of respondents' jobs in the informal sector as labourers/employees, traders, and entrepreneurs. Based on the employment sector, the only industry that was able to survive amid the COVID-19 pandemic was agriculture/animal husbandry, which increased by 4%. Figure 1 shows the distribution of respondents' jobs before and after COVID-19.

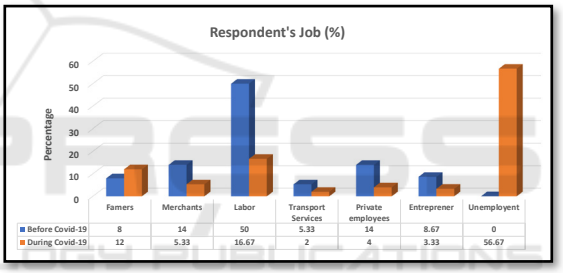

Figure 1: Respondents' Occupations Before and During the COVID-19Pandemic.

Respondent's income is the accumulation of husband/wife/child income and income from other sources for one month. According to the study results, the lowest monthly income of respondents before the COVID-19 pandemic was IDR 300,000 - the highest was IDR 6,500,000, and the average was IDR 1,881,879. While the most insufficient income of respondents per month during the COVID-19 pandemic was IDR 0 (no income), the highest was IDR 3,450,000 and an average of IDR 678,858. Therefore, the amount per capita per month in D.I. Yogyakarta for 2020 is IDR 463,479. If the family has an average of 4 family members, then the per capita income permonth is IDR 1,853,916.

If the family has an income below IDR 1,853,916 per month, it is in the poor category. Based on this calculation, before the COVID-19 pandemic, 55 respondents (36.67%) had income equal to or above the poverty line. At the time of the pandemic, only 15 respondents (10%) had incomes above the poverty

line. It means that 90% of respondents are in the poor category. This data concluded that the current pandemic caused an increase in the percentage of low-income families by 35%.

3.2 DAPUR BUDE: A Model of Social Resilience during the COVID-19 Pandemic

3.2.1 Overview of the DAPUR BUDE Program

DAPUR BUDE is a program built based on the solidarity values of the Indonesian people, especially the Javanese people, who prioritize the importance of gotong- royong and help each other in dealing with any problems, including in the face of the COVID-19 pandemic. The basic principles promoted are humanity, togetherness, mutual assistance, non-permanent (emergency) and participatory.

The core of the DAPUR BUDE Program is supporting food ingredients from LPPM BIMa to imperfect families/affected by COVID-19. Technically, LPPM BIMa volunteers (low-income families/involved by COVID-19) processed the food in their respective kitchens. After cooking, the volunteer's family consumed some of the food and distributed the rest to poor families, families affected byCOVID-19 and people with other social welfare problemssuch as the elderly, disabled, people with mental disorders, orphans, abandoned children and poor people (Rilus A. Kinseng, 2019). The objectives to be achieved through this model are to overcome urgent problems (fulfilling the food needs of low-income families/affected by COVID-19); foster solidarity, concern and social responsibility among people with social welfare problems and the community; and strengthen the synergy between LPPM BIMa with assistance and various related parties, especially in efforts to alleviate poverty and handle the impact of the COVID-19 pandemic in D.I. Yogyakarta.

3.2.2 Implementation and Development of DAPUR BUDE

The BUDE DAPUR program was launched in early June 2020, starting with two kitchens managed by volunteers assisted by LPPM BIMa. Along the way, many low-income families experience difficulties in meeting their food needs due to being laid off from work or their business not working. Hence, they have no income and then apply LPPM Bima to establish a DAPUR BUDE.

Along with the passage of time and the demands of the community's needs, the number of DAPUR BUDE continues to grow. As of December 2020, 16 DAPUR BUDE were operating in D.I. Yogyakarta serving 678 beneficiaries with details: (a) Nine kitchens in the Bantul area (288 beneficiaries); (b) Three kitchens in the Sleman area (190 beneficiaries); (c) Two kitchens in the Yogyakarta City area (150 beneficiaries); (d) One kitchen in the Kulon Progo area (30 beneficiaries) and (e) One kitchen in the Gunungkidul area (20 beneficiaries).

As a form of community support and participation for low-income families affected by COVID-19, 9 independent DAPUR BUDE have developed (without food support from LPPM BIMa, but providing services as part of LPPM BIMa). This Mandiri DAPUR BUDE serves 345 beneficiaries with details: (a) Three kitchens in the Sleman area (110 beneficiaries); (b) One kitchen in the Yogyakarta area (60 beneficiaries); (c) Two kitchens in the Bantul area (90 beneficiaries); (d) One kitchen in the Kulon Progo area (30 beneficiaries) and (e) Two kitchens in the Gunung Kidul area (55 beneficiaries).

This data shows that the DAPUR BUDE can be accepted and even receive positive support from the community in program support, food, labour, etc. When examined, the data closely shows that DAPUR BUDE is growing in all districts/cities in DIY, although the distribution unevenly distributed. The problems that occur and the demand for services from one area are different from another. During the period June-December 2020, DAPUR BUDE as a whole has grown to 25 kitchens with a total of 1023 beneficiaries.

3.2.3 DAPUR BUDE Beneficiaries

In principle, each kitchen receives food assistance with a relatively similar index (food ingredients in the form of rice, eggs, cooking oil, flour, spices, vegetables, noodles and others worth IDR 150,000) for kitchen for every week. In practice, volunteers have their creations, both in determining the menu, the number of targets and so on. Not infrequently,they get support from the surrounding community to expandthe assistance received from LPPM BIMa to be more so that they can reach a broader target. The number of food packages distributed by DAPUR BUDE to 1023 beneficiaries over six months is as shown in Figure 2.

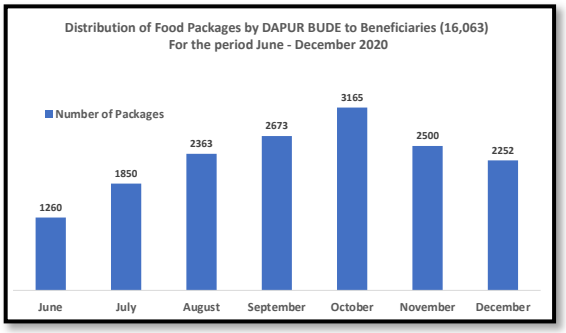

Figure 2.

Figure 2 shows a graph of the food packages distributed by DAPUR BUDE for a month to beneficiaries. Overall, for six months, DAPUR BUDE has distributed 16,063 food packages to 1023 beneficiaries. In October 2020, the food packages distributed reached a peak compared to other months. It shows that this is when the poor or those affected by COVID-19 have felt the hardest. In the November-December period, the demand for food assistance decreased because some low-income families had already found work, income or were covered by social service, both from the APBN, APBD and village funds.Figure 3 shows the beneficiaries of the DAPUR BUDE program from June to December 2020.

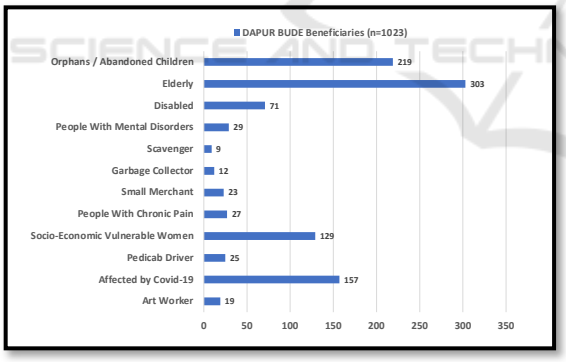

Figure 3.

The data in Figure 3 shows that the groups that receive the most benefits from the DAPUR BUDE program are the elderly (303 people), orphans/abandoned children (219 people), families affected by COVID-19 (157 people) and women who are socio-economically vulnerable (129 people). The rest are with disabilities, people with mental disorders, people with chronic diseases and so on. Every week this vulnerable group gets food support from the nearest DAPUR BUDE to survive during the COVID-19 pandemic. In addition to food ingredients, LPPM BIMa, through volunteers, also distributed masks, hand sanitizers and vitamins to beneficiaries. In addition, while distributing food, the volunteers also conducted education and socialization related to COVID-19 and its dangers. They emphasized the beneficiaries to implement the health protocol to avoid the transmission of COVID-19.

3.2.4 Community Participation in the DAPUR BUDE Program

The DAPUR BUDE program can run because there is budget support. To run this program, LPPM BIMa, with the help of the business community and participants (both individually and collectively), allocates a certain amount of funds every month to buy food and then distributes it to each DAPUR BUDE. The aid index assigned is IDR 150,000 per kitchen per week, so that for a month each kitchen gets food support worth IDR 600,000. Table 1 illustrates the support funds allocated by LPPM BIMa for a month to finance the DAPUR BUDE Program. The Food Package produced by DAPUR BUDE considers if it is the calculation of the package with a price index. A found difference is a form of community support and participation for the DAPUR BUDE program.

The data in Table 1 shows that from June to December 2020, LPPM BIMa has allocated around IDR 61.800.000 to support BUDE DAPUR with a target of 1023 beneficiaries. The assistance disbursed by LPPM BIMa is managed in such a way by volunteers both independently and collectively with the community support, therefore that respondents can distribute some food packages. To calculatethe level of community support, the food per package is IDR8,000 and IDR 10,000 (based on the minimum price in the market). With an index of IDR 8,000 per package, for six months, the accumulated funds of IDR 128,504,000. Therefore, the community participation can be calculated at IDR 66,704,000 (107.93%), exceeding the funds allocated by LPPM BIMa. If the index per food package is increased by IDR 10,000, then the community participation will be IDR 98,830,000 (160%). From this calculation, community participation in the DAPUR BUDE program is more significant than the stimulant issued by LPPM BIMa. Itmeans that this program is very effective in empowering the existing local potential. Apart from financial, community support is also significant in human resources (to collect target data, cook together and distribute aid to beneficiaries).This model has proven to strengthen solidarity and the level of community concern, both among the poor

and affected by the COVID-19 pandemic (beneficiaries), between beneficiaries and LPPM BIMA

3.2.5 Discussion

The government's policy to implement stay at home, social isolation, social distance and so on can reduce the spread of COVID-19. On the other hand, this policy has increased unemployment and poverty rates, as stated (Van Zyl, Rothmann and Zondervan-Zwijnenburg, 2021). This study also found the same thing, namely that the COVID-19 pandemic that occurred in Yogyakarta had increased the unemployment rate by 52.26% and the povertyrate by 53.33%. The COVID-19 pandemic has also led to radical changes in respondents' activity patterns, the way they work, study, shop and connect with others, as stated by Antonides & van Leeuwen (2020). The COVID-19 pandemic has changed the shape of people's social relations and forcedthem not to move outside their homes and keep their distance from other people. For the upper-middle class, the changes that occur are relatively easy to adapt; various activities carried out using online actually facilitates their multiple activities. However, it does not apply to the lower middle class. Economically, this new activity pattern significantly impacts low-income families who rely on the informal sector for their livelihood. By limiting social interactions and activities outside the home, low-income families cannot earn the income they need to meet their daily needs. The COVID-19 pandemic has caused them to lose their livelihoods and decrease their payment, whichimpacts their level of social welfare, which also reduces.

The COVID-19 pandemic encourages people to adapt quickly, including in terms of social solidarity. The habit of helping each other, sharing, supporting each other and working together between neighbours becomes social capital to deal with the impact of the COVID-19 pandemic. The DAPUR BUDE program, born from the community with NGO facilitation, is in line with the government's efforts to increase community social solidarity during difficult times due to the COVID-19 pandemic. This program to strengthen food security for the imperfect/affected by COVID-19 has mobilised many parties, from the government, business world, mass media and civil society, to build social solidarity.

During the six months of the program running, DAPUR BUDE covered 1023 beneficiaries to survive during the COVID-19 pandemic. With the spirit of togetherness, cooperation and social solidarity, this program has proven to be able to distribute 16,063 food packages to imperfect/affected families of COVID-19, the elderly, orphans and neglected children, women with socioeconomic vulnerability, persons with disabilities, people with mental disorders, and others in D.I. Yogyakarta. Financially, the DAPUR BUDE program has also succeeded in encouraging more than 100% community participation. Socially, this program has also proven to strengthen social solidarity in the face of the COVID-19 pandemic. Social solidarity defined as a condition between individuals or groups that carry moral feelings and beliefs and shared honest feelings (Johnson, Doyle Paul, Lawang, 1994).

It concludes that the DAPUR BUDE Program is a form of social resilience for the poor in D.I. Yogyakarta to survive during the COVID-19 pandemic. According to Adger (2000), social resilience is the ability of a group or community to cope with external pressures and disturbances due to social, political and environmental changes. It is in line with Kwok, Alan et al. (2016), which states that social resilience is the capacity of people and communities to face external pressures and shocks. Complementing the notion of social resilience, Keck & Sakdapolrak (2013) state that the definition of social resilience concerns social entities, both individuals, organizations and communities and their ability or capacity to absorb, cope with and adapt to environmental and social threats. Furthermore, state that we can understand the concept of social resilience as a whole if it fulfils three capacities, namely “the capacity to overcome disturbances, the capacity to adapt and the capacity to change or transform”.

In this research, the COVID-19 pandemic that occurred in D.I Yogyakarta has encouraged the community both individually and collectively to raise social solidarity through the DAPUR BUDE to overcome the problems that arose the COVID-19 pandemic. Through DAPUR BUDE, people learn to adapt and establish social relationships with new norms that have changed since the COVID-19 pandemic. With their awareness, the community is also making social changes or carrying out transformations to overcome problems that arise due to the COVID-19 pandemic. Through DAPUR BUDE, five capitals affect social resilience: human capital, social capital, financial capital, natural capital, and physical capital, as mentioned by Ellis (2020). Therefore, it can be optimized for their benefits to support the social resilience of the imperfect/affected by the COVID-19 pandemic and people with other social welfare problems.

4 CONCLUSION

The DAPUR BUDE program implements the values of togetherness, cooperation and social solidarity in the face of the impact of the COVID-19 Pandemic. This program has proven to be effective in mobilizing community participation, both economically and socially, to overcome the effects of the COVID-19 pandemic and overcome other social welfare problems in the community. This program ran smoothly and received support from many parties, both from the government, business, and civil society. The DAPUR BUDE program has proven to be an effective model of social resilience in overcoming the impact of the COVID-19 pandemic. The DAPUR BUDE Program overcomes the difficulties of the poor and affected by COVID-19 and people with other social welfare problems in D.I. Yogyakarta in meeting food needs in the era of the COVID-19 pandemic. This program can also optimize the existing social capital in the community so that it has optimal benefits for the welfare of the community.

This study recommends: (1) The DAPUR BUDE program is proven to be effective in handling the impact of the COVID-19 pandemic so that it can be as a model for community-based local community empowerment in other locations; (2) For the handling of the impact of the COVID-19 pandemic to be effective, it is necessary to create a synergy of programs and services between the government, civil society (NGOs) and the business world so that the imperfect/affected by COVID-19 can access the services needed optimally and sustainably.

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